

PF-Y

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – FOREIGN INSURANCE COMPANY
CASUALTY BUSINESS
Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance.
- () Mail this RETURN and a CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____
(Name of Company)

Preparer's Signature _____ Name and Title (Print) _____

Telephone No. _____

PLEASE COMPLETE

1. **PREMIUM TAX PAID:** (reverse side, line 11)

PF: \$

2. **Check No.:** -----

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

SWORN TO AND SUBSCRIBED before me this _____ **day of** _____, **20** _____.

NOTARY PUBLIC

PF-Y

NAIC# _____

(Due no later than August 15, _____)

3. All Casualty Business (max. rate: 3.6%, see instructions)	\$ _____ X 180% X ____% = \$ _____
4. Health:	
a) Groups less than 50 participants	\$ _____ X 180% X .5% = \$ _____
b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance	\$ _____ X 180% X 1.6% = \$ _____
5. GROSS PREMIUM TAX DUE - ACTUAL BASIS	
	\$ _____

<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
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6. All Casualty Business (max. rate: 3.6%, see instructions)	\$ _____ X 45% X ____ % = \$ _____
7. Health:	
a) Groups less than 50 participants	\$ _____ X 45% X 5% = \$ _____
b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance	\$ _____ X 45% X 1.6% = \$ _____
8. GROSS TAX DUE - ESTIMATED BASIS	\$ _____
9. 25% of deductible expenses paid or estimated to be paid	\$ _____
10. LESS: Prior Year Overpayment	\$ _____
11. NET PREMIUM TAX DUE (line 5 or line 8 minus lines 9 and 10)	\$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1st Quarter	\$ _____	Check No. _____	Date paid _____
	2nd Quarter	\$ _____	Check No. _____	Date paid _____
	3rd Quarter	\$ _____	Check No. _____	Date paid _____